



APPLICATION FOR A VARIATION

Date Received: _____ Permit #: _____
Control #: _____ Date Revised: _____
Date Issued: _____ Date Permit Issued: _____

IDENTIFICATION Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Contractor _____
Address _____

Owner in Fee _____

Address _____ Tele. (____) _____

Tele. (____) _____ License # _____

FEE \$ _____ (Determined by Enforcing Agency) Federal Emp. # _____

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request):

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these difficulties:

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants:

DATE _____ SIGNED _____
APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days.

After reviewing the facts, we ☐ DENY ☐ GRANT the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

_____ Date	_____ Building Subcode Official	_____ Plumbing Subcode Official
_____ Elevator Subcode Official	_____ Electrical Subcode Official	_____ Fire Subcode Official
	_____ Construction Official	